

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/205,094

APPLICANT(S)

FILING DATE  
12/3/98

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6	1					
7		1				
8						
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10	1					
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49						
50						
TOTAL IND.	6					
TOTAL DEP.	10					
TOTAL CLAIMS	16					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL INL.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY